

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	hug	5010	5/12/00
O.I.P.E. CLASSIFIER	10	66080	5/12/00
FORMALITY REVIEW	10		5/10/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Interjected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

## Best Available Copy

Claim	Final	Original	Date
1	✓	✓	8/21/98
2	✓	✓	8/21/98
3	✓	✓	8/21/98
4	✓	✓	8/21/98
5	✓	✓	8/21/98
6	✓	✓	8/21/98
7	✓	✓	8/21/98
8	✓	✓	8/21/98
9	✓	✓	8/21/98
10	✓	✓	8/21/98
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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